

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

M-2, Part I
Chapter 37

February 15, 1994

1. Transmitted is a new chapter to Veterans Health Services and Research Administration Manual M-2, "Clinical Programs" Part I, "General," Chapter 37, "Patient Representation Program."

2. The purpose of this chapter is to define the Patient Representation Program.

3. Filing Instructions

Remove Pages

iii through iv

Insert Pages

iii through iv

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37-1 through 37-5

4. RESCISSION: None.

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Acting Under Secretary for Health

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RESCISSIONS

The following material is rescinded.

1. COMPLETE RESCISSIONS

a. Manuals

M-2, Part I, changes 2 through 5 through 9, 11, 12, 13, 14, 16, 18 through 21, 25, 30, 32 through 40, 41, 44, 45, 49, 50, 51, 52, 55, 57, 60.

M-2, Part I, Chapter 3, and change 71 dated January 20, 1984.

VHA Supplement MP-1, Part I, Chapter 2, Section A and Appendices D and E, change 43, dated October 27, 1987

VHA Supplement MP-1, Part I, Chapter 2, Section A, change 44, dated July 26, 1991

b. Interim Issues

II 10-156

II 10-161

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II 10-68-31

II 10-71-33

II 10-71-26 by M-2, part I, chg. 67

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c. Circulars/Directives

261, 1946, Sec.1

10-62-70

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CHAPTER 37. PATIENT REPRESENTATION PROGRAM

37.01 PURPOSE

The purpose of the Patient Representation Program is to provide a liaison between the patient and the Department of Veterans Affairs (VA) medical centers, outpatient clinics, domiciliaries, nursing homes, readjustment counseling centers, and special VA programs providing health care services to our veterans. The feedback provided by the Patient Representative conforms to the principles of continuous quality improvement by providing timely knowledge of patient concerns to the providers of patient care, and allowing adjustments of services and resolution of issues to the extent possible to meet the veteran's health care needs.

a. The Patient Representation Program ensures that patients receive the maximum benefits of their interaction with the VA health care system

b. The Patient Representation Program provides a mechanism to partially comply with the standards promulgated by the Joint Commission on Accreditation of Health care Organizations (JCAHO), and included in VA Form 10-7991a, "Welcome to Your VA Medical Center, Information Booklet on Patients' Rights and Responsibilities."

37.02 SCOPE

The Patient Representation Program is designed to:

- a. Provide a liaison between the patients and the facility staff;
- b. Provide a mechanism for timely resolution of patient concerns and complaints;
- c. Serve as a program of advocacy for the patients;
- d. Promote high quality health care through communication, consideration and courtesy;
- e. Assist the patient in understanding eligibility, rights and responsibilities as patients;
- f. Promote and evaluate patient satisfaction; and
- g. Provide information to medical center personnel regarding the effectiveness of medical center programs in meeting the perceived needs, from

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a customer perspective, for inclusion in the quality improvement activities at the facility.

37.03 DEFINITION

a. The Patient Representative is the title of a VA medical center staff member, and as such, has access to the medical and administrative records of patients who require assistance, or register on a "need to know" basis, with or without the patient's permission.

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(1) The Patient Representative serves as a liaison between the consumer (the veteran, the veteran's family, or the veteran's representative), and the facility and in addressing and, if possible, resolving patient concerns.

(2) The Patient Representative is required to understand and represent facility management. The primary function of the Patient Representative, however, is to serve the needs of the patient and to serve as the patient's advocate.

(3) The Patient Representative, as the patient's advocate, assists in defining problems, concerns and unmet needs and works through appropriate individuals and services to reach solutions within existing laws and regulations. To resolve patient concerns, the patient representative activity crosses all organizational lines of authority and encompasses all services within the facility.

b. The Patient Representation Program:

(1) Ensures that patient receive the maximum benefits of their interaction with the VA health care system; and

(2) Provides a mechanism to partially comply with the standards promulgated by JCAHO, and included in VA Form 10-7991, Information Booklet on Patient Rights and Responsibilities

NOTE: The generic position description of the Patient Representative is available in each facility's Human Resources Management Office.

37.04 EXTERNAL PATIENT ADVOCATES

External representatives of veterans are not VA staff members, but are individuals who have some legislative or legal authority to represent veteran patients; this advocate may be a:

a. Member of a recognized Veterans Service Organization (VSO) and/or have been given written permission by the patient to be the patient's representative.

(1) VSOs function to assist veterans and their families in understanding the benefits available to them and how to obtain them.

(2) A VSO representative may be appointed to function with a durable power of attorney, or at the request of the veteran or the veteran's guardian in behalf of the veteran.

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(a) The veteran may give written permission for a VSO representative to have access to the veteran's medical records.

(b) Records pertaining to treatment for alcoholism or alcohol abuse, infection with human immunodeficiency virus (HIV) and/or sickle cell anemia may be accessed only when the patient has signed a specific consent; i.e., VA Form 10-5345, Request for and Consent to Release of Medical Records, identifying that data.

NOTE: The Patient Representative may work in concert with a VSO and/or the VSO representative in serving the needs of the veteran.

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b. Member of the Representatives of Protection and Advocacy for the Mentally Ill Systems, which was given authority by 42 United States Code (U.S.C.), 10801, 42 U.S.C. Chapter 11, and Public Law 102-173, to protect the rights of individuals with mental illness.

(1) These organizations and their representatives are authorized by the State in which they are working. They have the authority to represent and speak for veteran patients if requested to do so by the veteran.

(2) They may have access to the patient's medical record by written permission of the veteran or the veteran's legal guardian in the case of an incompetent patient.

(3) Records pertaining to treatment for alcoholism or alcohol abuse, infection with HIV and/or sickle cell anemia, may be accessed only when the patient or the patient's legal guardian has signed a specific consent; i.e., VA Form 10-5345, Request for and Consent to Release of Medical Records.

NOTE: Mental health patients should be made aware of the services these representatives provide as a community resource. This can be accomplished by the posting of notification in the mental health care area(s) and/or provided by the medical center's Patient Representative. The medical center should be able to demonstrate that this information is being made available to veterans receiving mental health services.

37.05 ORGANIZATION

a. Alignment

(1) The Patient Representative should be organizationally aligned with the facility Director's office in a manner analogous to the other components of the Quality Management and/or Quality Improvement Program since a solution of the concerns addressed by the Patient Representative may require the involvement of multiple services crossing broad organizational lines. NOTE: Programmatic placement with the facility Director facilitates prompt and effective resolution of the issues.

(2) The Patient Representation Program should be considered an integral part of the VA medical center's Total Quality Improvement (TQI) Programs, providing feedback to multiple medical center Services regarding effectiveness in meeting patient (customer) needs and assisting in resolving issues relating to facility interactions with patients.

(3) The Patient Representation Program is administratively under the Office of the Associate Chief Medical Director for Quality Management (15), VA Central Office.

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b. Staffing

(1) Staffing should be appropriate to the size and complexity of the Veterans Health Administration (VHA) facility, however there is to be a minimum of 1 Full-time Employee Equivalent (FTEE) devoted to the Patient Representation Program at each VA medical center. Collateral duties should be directly associated with patient satisfaction and patient advocacy.

(2) Back-up coverage during any absence of the Patient Representative must be provided to ensure continuity of the program.

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c. Ancillary Support. Appropriate clerical support should be provided to the Patient Representation Program to allow efficient performance of defined responsibilities.

d. Physical Environment. The Patient Representative should be provided sufficient space, easily accessible to patients and visitors, which provides for patient privacy.

e. Program Supplies. The Patient Representative should have adequate supplies and equipment including computer access. Computer access will allow for an efficient tracking and trending of patient complaints and utilization of the Decentralized Hospital Computer Program (DHCP) software packages supporting the Patient Representation Program.

37.06 ADMINISTRATION

a. Documentation. Documentation of individual interactions with patients and aggregate data should be sufficient to provide a reliable record supporting quality improvement and risk management activities at the medical center. Records related to the Patient Representation Program are not protected under the confidentiality regulations for quality management documents. Records must not be filed in a manner in which they are retrievable by individual identifier.

b. Reporting

(1) The Patient Representative will collect, analyze, trend and report data regarding patient encounters. This information will be integrated into the overall Quality Management Program of the facility.

(2) Data must include information pertaining to patient and/or consumer issues identified through:

(a) Written correspondence to the facility; and

(b) Telephonic contacts from patients, families, or the veteran patient-appointed external representatives.

(3) The facility should identify specific information determined to be pertinent to its risk management activities, and the frequency for reporting of the data to the Quality Assurance or Risk Management Committee.

NOTE: When a national DHCP Computer Program is available, aggregate data from the Patient Representation activities will be transmitted to the Office of the Associate Chief Medical Director for Quality Management (15), VA Central Office, through the appropriate VHA Regional Office. This information will be

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analyzed nationally and results reported to facilities and Regions for use in quality improvement activities.

(4) Mention may be made in the patient's medical record if further information is available in the Patient Representative's files.

c. Tours of Duty or Hours of Operation. Within the limits of available resources, the Patient Representative's tour of duty should be tailored to meet the needs of the patients and the local facility.

d. Committee Assignments

(1) The Patient Representative should be an active participant in appropriate committees relating to patient rights, patient satisfaction and quality of care. Examples of appropriate committee assignments are:

- (a) Quality Management Improvement,
- (b) Ethics, Risk Management,
- (c) Patient Health Education, and
- (d) Others as determined by the medical center Director.

(2) The Patient Representative should routinely attend top management morning meetings, or other appropriate forums.

37.07 PATIENT RIGHTS

a. The Patient Representative should be:

(1) Knowledgeable regarding the rights and responsibilities afforded veteran patients as outlined in:

- (a) VA Form 10-10-7991a;
 - (b) The regulations regarding Protection of Patient Rights incorporated in 38 Code of Federal Regulations (CFR) 17.34 and 38 CFR 17.34a; and
 - (c) The JCAHO and Long-Term Care Patient Rights and Responsibilities Standards.
- (2) Proactive in ensuring these rights are observed in the care given by the VA facility.
- (3) Aware of external patient advocacy groups and other community resources which are available to assist the veteran. Relevant brochures and information describing these services should be made available to veteran patients.

b. The Patient Representative should coordinate with Mental Health and Behavioral Sciences Service, to ensure that mental health patients are aware of their rights under:

- (1) The Patient Advocacy for Mentally Ill Individuals (PAMII), and

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(2) Public Law 102-173, which establishes external advocates to assist mentally ill patients.